

Panhandle Health District I

Mortgage Survey Application

Property
Owner's Name _____ Date _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip _____

Legal Description S. T. R. _____ Parcel # _____

Subdivision _____ Lot _____ Block _____ Size _____ (Acres)

Location / Directions
/ Physical Address _____

Applicant's Name _____

Mailing Address _____ Phone # _____

City _____ State _____ Zip _____

Applicant is: ☐ Landowner ☐ Real Estate Agent ☐ Lending Institution ☐ Other _____

☐ Septic Inspection Requested:

☐ Private - Name: _____

☐ Public - Name: _____

Septic tank pumped on: ____/____/____

Drainfield Location: _____

Owner of Property at Time of Septic Installation

Approximate Year of Installation _____

☐ Water Inspection Requested:

☐ Private - Name: _____

☐ Public - Name: _____

☐ Other Source _____

Source Type: ☐ Spring ☐ Drilled Well
☐ Dug Well ☐ Surface Water
☐ Other _____

Location of Water Source _____

Special Instructions (dogs, gates, etc.) _____